

**SHELBY COUNTY BOARD OF COMMISSIONERS  
AGENDA ROUTE SHEET**

Referred to Commission Committee (name) **LAW ENFORCEMENT, FIRE, CORRECTIONS & COURTS**

For Commission Action on (date): 7/21/08

RESOLUTION TO APPROVE A CONTRACT COCAINE ALCOHOL AWARENESS PROGRAM, INC. FOR THE PROVISION OF DRUG AND ALCOHOL TREATMENT SERVICES TO SHELBY COUNTY DRUG COURT OUTPATIENT PROGRAM IN AN AMOUNT NOT TO EXCEED \$400,000.00. SPONSORED BY SYDNEY CHISM.

**CHECK ALL THAT APPLY BELOW:**

\_\_\_\_\_ This Action does NOT require expenditure of funds.

  x   This Item requires/approves expenditure of funds as follows (complete all that apply):

County General Funds: \$ \_\_\_\_\_; County CIP Funds: \$ \_\_\_\_\_

State Grant Funds: \$ \_\_\_\_\_; State Gas Tax Funds: \$ \_\_\_\_\_

Federal Grant Funds: \$ \_\_\_\_\_

Other pass-thru funds (Specify source and amount): \$400,000.00.

Originating Department: **SHELBY COUNTY DRUG COURT** \_\_\_\_\_

**APPROVAL:**

Dept. Head: Roger Henderson (901) 545-2823 [Signature] 8-6-08  
(Type your name & phone #.) (Initials) (Date)

Elected Official: Judge Tim Dwyer (901) 545-5192 TD 8-6-08  
(Type your name & phone #.) (Initials) (Date)

Division Director: \_\_\_\_\_  
(Type your name & phone #.) (Initials) (Date)

CIP – A&F Director: \_\_\_\_\_  
(Type your name & phone #.) (Initials) (Date)

Finance Dept: [Signature] \_\_\_\_\_  
(Type your name & phone #.) (Initials) (Date)

County Attorney: Mary L. Bright [Signature] 8/6/08  
(Type your name & phone #.) (Initials) (Date)

CAO/Mayor: James F. Huntzicker 545-4514 [Signature] 8/6/08  
(Type your name & phone #.) (Initials) (Date)